

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

FILED  
IN CLERKS OFFICE  
2022 FEB 28 PM 2:04

## UNITED STATES DISTRICT COURT

for the

District of Massachusetts

*R. William Porter Investment Plty. Trust*  
*Heritage Homestead Realty Trust*  
*Porter modular Homes Inc.*  
*Richard + Phyllis Porter, Trustees*

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.  
 If the names of all the plaintiffs cannot fit in the space above,  
 please write "see attached" in the space and attach an additional  
 page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

*State of Massachusetts*  
*The Waverfield Police Dept.*  
*State Police Dept.*  
*Framingham Police Dept.*

Defendant(s)

(Write the full name of each defendant who is being sued. If the  
 names of all the defendants cannot fit in the space above, please  
 write "see attached" in the space and attach an additional page  
 with the full list of names.)

### COMPLAINT FOR A CIVIL CASE

#### I. The Parties to This Complaint

##### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

*Richard and Phyllis Porter*

Street Address

*309 Belmont St.*

City and County

*Worcester MA 01604 - Mailing address*

State and Zip Code

*(Woburn MA 01801)*

Telephone Number

*508-368-0741*

E-mail Address

*USTRustee1234@gmail.com*

##### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

MA State Police

Trooper's

30 Gould St.

Andover

MA - USA

(By Mail)

## Defendant No. 2

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Wakefield Police Dept.

1 Union Rd.

Wakefield

MA 01880

781-245-1212

## Defendant No. 3

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Malden District Court

Clerk

4040 Mystic Valley Pkwy.

Malden

MA-02115

## Defendant No. 4

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Frammingham District Court

Clerk

600 Concord St.

(M) Frammingham

MA-01702

Frammingham Police  
 1 William Welch Pkwy  
 Frammingham MA 01702